

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		45	5/20
FORMALITY REVIEW	R	TC 873	06-19-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

BEST AVAILABLE COPY

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final Original	
1	2/22/01
2	2/22/01
3	2/22/01
4	2/22/01
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50	2/22/01

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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